
**DEPARTMENT
POLICY****All Programs**

The Michigan Department of Health & Human Services (MDHHS) must periodically redetermine or renew an individual's eligibility for active programs. The redetermination/renewal process includes thorough review of all eligibility factors.

Redetermination, renewal, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs.

However, the client **must** complete a DHS-1171, Assistance Application, to request a program that is not active at the time of redetermination or a DCH-1426, Application for Health Coverage and Help Paying Costs, to request Medicaid.

Local offices must assist clients who need and request help to complete applications, forms and obtain verifications; see Bridges Administrative Manual (BAM) 130, Obtaining Verification.

Medicaid

A redetermination is an eligibility review based on a reported change.

A renewal is the full review of eligibility factors completed annually.

**PASSIVE
RENEWAL****MAGI MEDICAID**

MDHHS must use information currently available in STATE OF MICHIGAN systems to renew eligibility.

Do not request information from the beneficiary if the information is already available to MDHHS. This includes completing a renewal form.

Individuals must be able to select how many years to opt in to allowing MDHHS to access tax information to determine continuing eligibility, up to a maximum of 5 years.

Individuals must also have the opportunity to opt out of allowing the use of tax information. Do not include individuals in the passive renewal process if this question is not answered on the application.

Only information that has changed or is missing may be requested from the beneficiary. The beneficiary is not required to take any action, such as signing or returning a notice if there has been no change in their circumstances.

If the information is not sufficient to renew eligibility, MDHHS must send a pre-populated renewal form to the beneficiary.

Allow the beneficiary 30 calendar days to respond and return the renewal form.

MDHHS must notify the beneficiary of their eligibility and the basis for the determination.

EX PARTE REVIEW

Medicaid (MA) Only

An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid.

When possible, an ex parte review should begin at least 90 calendar days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories; see BAM 115 and 220.

REDETERMINATION/ RENEWAL CYCLE

All Programs

A complete redetermination/renewal is required at least every 12 months. Bridges sets the redetermination/renewal date according to benefit periods; see Eligibility Decisions in BAM 115.

Redeterminations/renewals may be scheduled early or are scheduled less than 12 months apart when necessary for:

- Error-prone cases, in response to supervisory case readings, quality assurance data or quality enhancement data.
- **MA only**, newborn cases must be renewed no later than the month of the child's first birthday; see Bridges Eligibility Manual (BEM) 145.

- **Food Assistance Program (FAP)** cases with unstable circumstances assigned a three-month benefit period.

Exception #1: Some MA groups do **not** require a renewal; see No MA Renewal in this item.

Exception #2: Some FAP groups are assigned a 24-month benefit period and **require only** a mid-certification contact in the 12th month; see Mid-Certification Contact in this item. For MA, a companion case for a spouse may also be given the extended benefit period once the mid-certification notice has been received and reviewed. Michigan Combined Application Project (MiCAP) cases are assigned a 36-month benefit period.

FAP Only

Benefits stop at the end of the benefit period **unless** a redetermination is completed **and** a new benefit period is certified. If the client does not begin the redetermination process, allow the benefit period to expire. The redetermination process begins when the client files a DHS-1171, Assistance Application; DHS-1010, Redetermination; DHS-1171, Filing Form; DHS-2063B, Food Assistance Benefits Redetermination Filing Record. See; **Subsequent Processing** in this item.

Child Development and Care (CDC) Only

A redetermination for CDC cannot be completed earlier than the 12 month eligibility period.

Medicaid

Benefits stop at the end of the benefit period **unless** a renewal is completed **and** a new benefit period is certified. Also, the renewal month is 12 months from the **date the most recent complete application was submitted**.

In a Group 2 Persons Under 21 case, if a member will reach age 21 **before** the month the case is scheduled to be renewed, an ex parte review (see glossary) should begin at least 90 days prior to the date the member turns 21; see BAM 220.

In a Special N/Support, Title IV-E or Foster Care TMA case, an ex parte review should begin at least 90 days prior to the date the case is scheduled to close; see BAM 220.

**No Medicaid
Renewal****Medicaid Only**

Do **not** renew the following:

- Special N/Support; see BEM 113.
- Title IV-E recipients; see BEM 117.
- Special needs adoption assistance recipients; see BEM 117.
- Department wards; see BEM 117.
- Supplemental Security Income (SSI) recipients; see BEM 150.

Note: A review must be completed before closing an individual in one of these categories if the closure is for any reason other than total ineligibility for any MA (such as moved out of state or death). The review must consider eligibility in all other MA categories.

**INTERVIEW
REQUIREMENTS****FIP, State Disability Assistance (SDA), Refugee Cash Assistance (RCA), CDC and FAP**

Interview requirements are determined by the program that is being redetermined.

FAP Only

An interview is required before denying a redetermination even if it is clear from the DHS-1010/1171 or other sources that the group is ineligible.

Indicate on the individual interviewed/applicant-details screen in Bridges who was interviewed and how the interview was held, such as by telephone, in person etc.

Medicaid

Do **not** require an in-person interview as a condition of eligibility.

CDC Only

There is no redetermination interview requirement for CDC.

Telephone

FAP Only

The individual interviewed may be the client, the client's spouse, any other responsible member of the group or the client's authorized representative. If the client misses the interview, Bridges sends a DHS-254, Notice of Missed Interview.

Conduct a telephone interview at redetermination before determining ongoing eligibility. However, conduct an in-person interview if one of the following exists:

- The client requests one.
- It is determined appropriate. For example, information on the application is suspected to be fraudulent.

Exception: Do **not** require an in-office interview if the client is experiencing a hardship which prevents an in-office interview. Instead, conduct the in-person interview at the client's home or another agreed upon location. Hardship conditions include but are **not** limited to: illness, transportation difficulties, work hours.

- The specialist is processing a joint SDA/RCA and FAP redetermination; see Jointly Redetermined SDA/RCA and FAP Cases in this item.

Note: When conducting a telephone interview, ask the caller a question only the head of household could answer (such as last four digits of his/her Social Security number, date of birth, etc.) to ensure the identity of the caller.

In-Person

State Disability Assistance (SDA)

All individuals with a SDA Eligibility Determination Group (EDG) participation status of eligible or disqualified adult who are physically able must be interviewed and must sign and date the DHS-1010 or DHS-1171 in the specialist's presence.

Interviews are usually conducted at the local office but may be held in a group's home if:

- The head of household's physical condition precludes an office interview.
- A home call would result in better information.

FIP Only

The specialist must conduct a telephone interview with the head of household at redetermination before certifying continued eligibility. However, conduct an in-person interview if one of the following exists:

- The client requests one.
- The specialist determines it is appropriate. For example, the specialist suspects information in the DHS-1171 or DHS-1010 is fraudulent or the DHS-1171 or DHS-1010 signatures are questionable.

Note: When conducting a telephone interview, ask the head of household a question only the head of household could answer (such as last four digits of his/her Social Security number, date of birth, etc.) to ensure the identity of the caller. Document the case record with the answer.

Each adult EDG member must sign the DHS-1538, Work and Self-Sufficiency Rules, at redetermination. Send **each** adult EDG member in the home the DHS-1538 at redetermination. **Each** DHS-1538 must be signed **and** returned for **all** adult EDG members **before** FIP redetermination can be approved.

Member Add at Redetermination

FIP Only

At redetermination, if an adult mandatory group member is added to the group, the specialist must do the following:

- Conduct a telephone or in-person interview with the adult mandatory group member; see BAM 115, Telephone Interviews.
- Review the list of FIP requirements; see BAM 115, Interviews.
- Send the new adult mandatory group member the DHS-1173, Cash Assistance Rights and Responsibilities, **and** DHS-1538.

Do **not** approve the redetermination until the DHS-1173 **and** DHS-1538 are signed **and** returned.

Jointly Redetermined SDA/RCA and FAP Cases

SDA/RCA and FAP

Conduct an in-person interview at redetermination before determining ongoing eligibility. The head of household or authorized representative must sign and date the DHS-1010 or DHS-1171 in the presence of a MDHHS specialist even if it was already signed. Sign and date the application as a witness.

Exception: For FAP, do **not** require an in-office interview if the client is experiencing a hardship which prevents an in-office interview. Instead, conduct the in-person interview by telephone or at the client's home or another agreed upon location. Hardship conditions include but are **not** limited to: illness, transportation difficulties, work hours, etc.

SCHEDULING

All Programs

Bridges generates a redetermination packet to the client three days prior to the negative action cut-off date in the month before the redetermination is due. Bridges sends a DHS-2063B, Continuing Your Food Assistance Benefits, to **FAP** clients for whom FIP, SDA, or Medicaid are **not** active. The packet is sent to the mailing address in Bridges. The packet is sent to the physical address when there is no mailing address. The packet is also sent to the MA authorized representative on file.

Redetermination/renewal forms may include:

- DHS-574, Redetermination Telephone Interview (FIP and FAP).
- DHS-1010, Redetermination (all programs).
- DHS-1046, Semi-Annual Contact Report (FAP).
- DHS-1171, Assistance Application (all programs except Medicaid).
- DHS-2240-A, Mid-Certification Contact Notice (MA and FAP).

- DHS-2063-B, Continuing Your Food Assistance Benefits (FAP).
- DCH-1426, Application for Health Coverage and Help Paying Costs.
- DHS-4574, Medicaid Application (Patient of Nursing Facility).

The packet includes the following as determined by the TOA to be redetermined:

- Redetermination/review/renewal form indicated above.
- Notice of review as determined by policy.
- Interview date.
- Interview type.
- Place and time.
- Required verifications.
- Due date.
- Return envelope.

FAP Only

If the DHS-1171 and the DHS-2063-B must be manually sent, mail them **no later** than two workdays before the first day of the redetermination month. If the forms are **not** mailed within that time period, adjust the timely filing date; see FAP Timely And Untimely Filing Date in this item.

Clients may be, but are **not** required to be, interviewed before the timely filing date.

CDC Only

At redetermination, if the 1171, 1010, Renew My Benefits, is used and has not been updated with the CDC asset question, the client will need to be contacted to certify the program group's assets do not exceed \$1 million.

Early Redetermination

FIP, SDA, RCA, MA and FAP

Redetermination of an active program may be scheduled up to three months before the review date. Redetermination of active programs may be necessary for one of the following reasons:

- Case is found to be error-prone as a result of supervisory case reading, quality assurance data or quality enhancement data.
- Specialist's schedule requires early redetermination of active program.
- To align dates to simultaneously process redeterminations for multiple programs. Bridges does this automatically for all programs except certain MA programs such as TMA.

Initiate redetermination early by selecting that option from the Bridges left navigation. Enter the case number and select the program(s) to be redetermined early from the list of options that are determined by the case number.

CDC Only

A redetermination for CDC cannot be completed earlier than the 12 month eligibility period.

FAP Only

When a redetermination is scheduled early, FAP benefits cannot be terminated **prior** to the end of the benefit period for failure to complete the redetermination process.

Children Under 19 (U19) and MICHild (MCD)

Do **not** shorten a beneficiary's 12-month eligibility period.

Once eligible for Children Under 19 or MICHild, a beneficiary remains eligible until the next redetermination unless any of the following occurs:

- Reaches age 19.
- Moves out of state.
- Is ineligible due to institutional status; see BEM 265.
- Death.

A member may be added to an existing case even though the redetermination date is less than 12 months in the future.

Note: If eligibility was granted based on incorrect or fraudulent information, continuous eligibility may be interrupted.

**Mid-Certification/
Semi-Annual
Contact****FAP Only**

Bridges sends a DHS-2240-A, Mid-Certification Contact Notice, for groups assigned a 24-month benefit period during the 11th month of their benefit period and a DHS-1046, Semi-Annual Contact Report, the beginning of the fifth month for cases assigned a 12-month benefit period.

Note: Manually send from Bridges and track the DHS-1046 if it is discovered that a case was not correctly assigned as a simplified reporter by the last day of the fourth month of the benefit period.

Groups assigned a 24-month benefit period must submit a complete DHS-2240-A, Mid-Certification Contact Notice. A complete DHS-1046, Semi-Annual Contact Report, must be submitted by groups with countable earnings and a 12-month benefit period; see BAM 115, Benefit Periods.

The DHS-1046 and DHS-2240A may be completed by the client, the client's authorized filing representative or by the specialist (during a telephone call, home call or interview with the client). However, the form must be signed by the client or authorized filing representative.

A report is considered complete when all of the sections (including the signature section) on the DHS-1046 and the DHS 2240-A are answered completely **and** required verifications are returned by the client or client's authorized representative. If an expense has changed and the client does not return proof of the expense, but all of the sections on the report are answered completely, remove the expense from the appropriate data collection screen in Bridges before running eligibility determination and benefit calculation (EDBC).

24-Month Benefit Period

The mid-certification contact notice must be recorded, data collection updated and EDBC results certified in Bridges by the last day of the 12th month after a completed DHS-2240-A and all required verifications are received.

Note: Run EDBC even if the client indicates no changes so Bridges will recognize the DHS-2240-A has been processed.

12-Month Benefit Period

The semi-annual contact report must be recorded, data collection updated and EDBC results certified in Bridges by the last day of the sixth month of the benefit period to affect benefits no later than the seventh month. The contact is met by receipt of a completed DHS-1046 and required verifications.

Processing DHS-1046

The client's gross earned income from his/her most current budget is pre-filled on the DHS-1046. If the client's gross income has changed by more than \$100 from the pre-filled amount on the form, he/she must return verification of his/her past 30 days of earnings with his/her completed DHS-1046.

If the client indicates his/her gross earned income has **not** changed by more than \$100, verification of the past 30 days is not required. However, income **must** be budgeted and EDBC run if a client checks "No" to the questions, but supplies proof of income.

Note: Run EDBC so Bridges will recognize the DHS-1046 has been processed.

Medicaid only

The DHS 2240-A may be used to complete an ex parte review of MA or certify a second 12-month MA period when the group has a 24-month FAP certification.

**REDETERMINATION
PACKET RECEIVED****All Programs**

A redetermination/review packet is considered complete when all of the sections of the redetermination form including the signature section are completed.

Exception: For FIP, SDA and FAP only, if any section of the redetermination/review packet has not been completed but there is a signature, consider the redetermination/review complete. Complete any missing sections during the interview.

When a complete packet is received, record the receipt in Bridges as soon as administratively possible.

If the redetermination is submitted through MI Bridges, the receipt of the packet will be automatically recorded.

**Failure to Record
Receipt of
Redetermination
Packet**

CDC Only

When redetermination packets are not logged by the 10th day of the redetermination month, the DHS-5322, Notice of Potential Child Development and Care (CDC) Closure, will be generated by Bridges to the client. This notice informs the client that CDC benefits will end the pay period that holds the last day of the month.

FIP, SDA, and CDC

If the redetermination packet is not logged in by the negative action cut-off date of the redetermination month, Bridges generates a DHS-1605, Notice of Case Action, and automatically closes the EDG.

FAP only

If the redetermination packet is not logged in by the last working day of the redetermination month, Bridges automatically closes the EDG. A DHS-1605 is not generated.

Medicaid only

Benefits are not automatically terminated for failure to record receipt of the renewal packet.

**Failure to Record
Receipt of the
Mid-Certification
Contact Notice**

FAP Only

If the DHS-2240A is **not** logged in Bridges by the 10th day of the 12th month, Bridges will generate a DHS-2240B, Potential Food Assistance (FAP) Closure, to the client. This reminder notice explains that the client must return the DHS-2240A and all required verifications by the last day of the month, or the case will close.

If the client fails to return a complete DHS-2240A by the last day of the 12th month. Bridges will automatically close the case. If the client reapplies, treat it as a new application and Bridges will prorate the benefits.

If the completed DHS-2240A and verifications are returned by the last day of the 12th month, process the changes to ensure the client's benefits are available no later than 10 days after their normal issuance date in the 13th month of the benefit period.

Failure to Record Receipt of the Semi-Annual Contact Report

If the DHS-1046 is not logged in Bridges by the 10th day of the sixth month, Bridges will generate a DHS-1046A, Potential Food Assistance (FAP) Closure, to the client. This reminder notice explains that the client must return the DHS-1046 and all required verifications by the last day of the month, or the case will close.

If the client fails to return a complete DHS-1046 by the last day of the sixth month. Bridges will automatically close the case. If the client reapplies, treat it as a new application and Bridges will prorate the benefits.

If the completed DHS-1046 and verifications are returned by the last day of the sixth month, process the changes to ensure the client's benefits are available no later than 10 days after their normal issuance date in the seventh month of the benefit period.

Conducting the Interview

FIP, SDA and FAP

- Obtain a complete redetermination/review packet from the client.
- Compare the redetermination/review document to the existing DHS-1171 or previous DHS-1010 and other case data.
 - Reconcile any discrepancies and ensure anything omitted is completed.
- Review the verifications and reconcile discrepancies.

- Verbally cover the rights and responsibilities with the client and refer them to view online, the following sections of the PUB-1010, Important Things About Programs and Services:
 - Things You Must Do.
 - Important Things To Know.
 - Repay Agreements.
 - Information About Your Household That Will Be Shared.

SDA Only

- Have the client re-sign and date the DHS-1010 as part of the in-person interview.

Exception: For FAP, re-signing the DHS-1010 is required only for jointly processed SDA/FAP cases.

- Sign and date the DHS-1010 as a witness as part of the in-person interview.

FIP Only

- Review the Family Self-Sufficiency Plan (FSSP) for compliance.
- Identify any barriers to the family's self-sufficiency and strategies for client to overcome them.
- Update each FSSP to identify the specific steps the individual will take towards family self-sufficiency.
- Review work participation requirements. Identify any potential deferrals listed in BEM 230A.
- Review direct support service opportunities, including transportation and child care; see BEM 229.
- Review penalties for non-compliance; see BEM 233A.
- Review FIP time limits; see BEM 234.
- Explain the prohibited use of FIP to: purchase lottery tickets, alcohol, tobacco, or for gambling, illegal activities, massage parlors, spas, tattoo shops, bail-bond agencies, adult entertainment, cruise ships, or other nonessential items.

FAP TIMELY AND UNTIMELY FILING DATE

FAP Only

Timely Filing Date

In order to receive uninterrupted benefits (benefits available on his/her scheduled issuance date), the client must file the redetermination through MI Bridges or file either a DHS-1010, Redetermination, DHS-1171, Assistance Application, or a DHS-2063B, Continuing Food Assistance Benefits, by the fifteenth of the redetermination month.

Exception: If the client's redetermination materials are mailed late, the timely filing date is 17 days **after** the materials are mailed.

Example: Madison's FAP redetermination is due in July. The redetermination materials are mailed July 6 with a due date of July 16 on the DHS-3503. Madison returns all necessary items needed to complete her review on July 20. Her filing date is timely because her review materials were mailed late. Her benefits must be available to her on the scheduled issuance date.

When processing a redetermination for FAP and FIP, SDA, or MA, consider the FAP redetermination filed timely if it is filed timely for the other program; see FAP Client Failure to Meet Redetermination Requirements.

Untimely Filing Date

FAP Only

Any FAP redetermination form **not** submitted timely (see above) has the same processing timeframe as an initial application (30 days from the date the redetermination was filed); see FAP Client Failure to Meet Redetermination Requirements in this item.

VERIFICATIONS DEADLINE

FIP, SDA, CDC and MA

Verifications are due the same date as the redetermination/review interview. When an interview is not required, verifications are due the date the packet is due.

Bridges allows clients a full 10 calendar days from the date the verification is requested (date of request is not counted) to provide all documents and information. If the tenth day falls on a weekend or holiday, the verification would not be due until the next business day.

MAGI Medicaid beneficiaries have 30 calendar days to return the pre-populated renewal form.

Bridges gives timely notice of the negative action if the time limit is **not** met.

FAP Only

Verifications must be provided by the end of the current benefit period **or** within 10 days after they are requested, whichever allows more time. If the tenth day falls on a weekend or holiday, the verification will not be due until the next business day.

Note: The DHS-3503, Verification Checklist, should be sent after the redetermination interview for any missing verifications allowing 10 days for their return.

Example: Client returns a complete DHS-1010 on the last day of the benefit period and fails to provide verification of income. Request income verification allowing the client 10 days to return verification.

If verifications are provided by the required deadline but too late for normal benefit issuance, benefits must be issued within five work-days.

Note: If an expense has changed and the client does not return proof of the expense, but all of the sections on the report are answered completely, end-date the expense from the appropriate data collection screen(s) in Bridges before running EDBC.

CDC Only

If the redetermination verifications are not returned by the 10th calendar day or are returned incomplete, two 10-day extensions must be given to the client resending VCL's after each verification due date. The client does not need to request the extensions.

COMPLETING THE REDETERMINATION/ RENEWAL

All Programs

To complete the redetermination/renewal process, do **all** of the following:

- Obtain a DHS-1171, DHS-1010 or other review document.
- Record packet received by selecting that item from the left navigation in Bridges and entering the date received.
- Review, document and verify eligibility factors as required.
- MAGI Medicaid uses the H79, Redetermination & Renewal Verification (RRV) Service to perform income verifications.
- **Except for** Children Under 19 (U19) and MICHild (MCD), check **all** available automated systems matches to see if income has started, stopped or changed, such as consolidated inquiry, State On-line Query (SOLQ), etc.

Note: The Work Number is **not** an automated system match which must be checked at application, redetermination, semi-annual or mid-certification contact. The client has primary responsibility for obtaining verification. However, if for example, verification of income is not available because the employer uses the Work Number and won't provide the employment information, it is appropriate to use the Work Number.

Do not deny or terminate assistance because an employer or other source refuses to verify income; see BAM 130, VERIFICATION AND COLLATERAL CONTACTS and BEM 702, CDC VERIFICATIONS.

- Update data collection by recording changes in circumstances and entering verifications received.

- Run EDBC in Bridges.
- Certify EDBC results if appropriate.
- Review the need for services and other assistance programs.

Bridges generates a verification checklist (VCL) for any missing verifications.

Upon Certification

- Prepare the case record; see BAM 300.
- Send Pub. 280, Reporting Changes - When To Report - How To Report - What To Report.
Exception: Do not send to FAP groups assigned to simplified reporting.
- Bridges sends a DHS-2240, Change Report Form, as needed.
Exception: A DHS-2240, Change Report Form, is not sent to FAP groups assigned to Simplified Reporting, Children under 19 (U19).
- Bridges sends a DHS-1605, explaining simplified reporting and household income limit, and a DHS-1045, Simplified Six-Month Review, to FAP groups assigned to simplified reporting.
- Bridges produces and sends a DHS-198C, Child Development and Care (CDC) Client Notice, to the client.
- Bridges produces and sends a DHS-198, Child Development and Care (CDC) Provider Notice, to the provider(s).
- Bridges produces and sends a DHS-1606, Health Care Coverage notice which details the information used to determine eligibility.

STANDARD OF PROMPTNESS

All Programs

Bridges generates a redetermination packet to the client three days prior to the negative action cut-off date in the month before the redetermination is due. This allows time to process the redetermination before the end of the redetermination month.

**Reinstatements in
Month Prior to
Redetermination
Month**

If an EDG closes and is due for redetermination the following month and is subsequently reinstated at least three days prior to the current month's negative action cut-off date, the redetermination packet will be generated as usual.

If an EDG closes and is due for redetermination the following month and is subsequently reinstated on or after three days prior to the current month's negative action cut-off date, the redetermination packet will be generated at month end.

FAP Only

The FAP redetermination must be completed by the end of the current benefit period so that the client can receive uninterrupted benefits by the normal issuance date.

If timely redetermination procedures are met, but too late to meet the normal issuance date, issue benefits within five workdays.

Bridges will issue a payment for lost benefits if the client is **not** at fault for delayed processing that prevented participation in the first month.

**CDC CLIENT
FAILURE TO MEET
REDETERMINE
REQUIRMENTS****CDC Only**

A CDC case that closes for failure to meet redetermination requirements will not be eligible for re-entry into the program if the program group's income exceeds the \$15 family contribution maximum income in the income eligibility scale in RFT 270.

FAP CLIENT FAILURE TO MEET REDETERMINATION REQUIREMENTS

FAP Only

Delays

The group loses its right to uninterrupted FAP benefits if it fails to do any of the following:

- File the FAP redetermination by the timely filing date.
- Participate in the scheduled interview.
- Submit verifications timely, provided the requested submittal date is **after** the timely filing date.

Any of these reasons can cause a delay in processing the redetermination. When the group is at fault for the delay, the redetermination must be completed within 30 days of the compliance date.

If there is no refusal to cooperate and the group complies by the 30th day, issue benefits within 30 days of the compliance date. Benefits are not prorated.

Subsequent Processing

If a client files an application for redetermination before the end of the benefit period, but fails to take a required action, the case is denied at the end of the benefit period. Proceed as follows if the client takes the required action within 30 days after the end of the benefit period:

- Re-register the redetermination application using the date the client **completed** the process.
- If the client is eligible, prorate benefits from the date the redetermination application was registered.

Example 1:

- On January 5, client returns DHS-1010 for a certification period ending January 31.
- On January 31, redetermination is denied for failure to return verifications.

- On February 10, client returns required verifications.
- Re-register the original redetermination application with the February 10 date and issue prorated benefits from February 10.

Example 2:

- On January 3, client returned DHS-1010 for a certification period ending January 31.
- On January 31, redetermination is denied for failure to return verifications.
- On February 2, client files a new application.
- On February 10, client returns required verifications from January redetermination.
- Use the February 2nd date to process benefits.

Example 3:

- Client has a redetermination due for February with the certification period ending February 28.
- On February 28, case closes for failure to return the DHS-1010.
- On March 10, client returns completed DHS-1010.
- Client must complete a new application for FAP since they returned the completed DHS-1010 after the end of the benefit period.

**REPORT OF
REDETERMINA-
TIONS****All Programs****RD-093**

The monthly RD-093, Redetermination Report - Worker Listing, lists the following:

- FIP, SDA, MA, and CDC cases that are past due more than one month.

- FIP, SDA, MA, and CDC cases that are past due one month.
- FIP, SDA, MA, CDC, and FAP cases that are due this month.
- FIP, SDA, MA, CDC, and FAP cases that are due next month.
- FIP, SDA, MA, CDC, and FAP cases that are due in two months.
- FAP and MA cases that are due for a mid-certification contact.

RD-093, Long Term Care (LTC) Case Identification

MA Only

The LTC-application indicator (4574) on the RD-093 identifies MA LTC cases. Bridges sends the DHS-4574, Medicaid Application (Patient of Nursing Facility), in the redetermination packet for the MA redetermination when a DHS-4574 was filed at application.

RD-093, Deductible Case Identification

MA Only

The deductible indicator (#) identifies active deductible cases. This indicator will be printed when the member of an MA EDG has a deductible amount.

LEGAL BASE

FIP

MCL 400.32, MCL 400.43, MCL 400.55(f)

SDA

Annual Appropriations Act
Mich Admin Code, R 400.3151-400.3180

FAP

7 CFR 273.10(g)(2)
7 CFR 273.14
7 U.S.C. 2020

MA

42 CFR 435.916(a)

CDC

Child Care and Development Block Grant of 1990 as amended,
Public Act 6 of 2014

45 CFR Parts 98 and 99

Social Security Act, as amended

Mich Admin Code, R 400.5001 - 400.5020